

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">10/542493</div>		<small>FILING DATE</small> 					
<small>CLAIMS</small>													
	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

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